STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155491	A. BUILDING **01** B. WING _____	**07/15/2013**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN CENTERS FOR REHABILITATION AND HEALTHCARE	**1029 E 5TH ST** **CONNERSVILLE, IN 47331**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code and Environmental Preoccupancy survey for the relocation of 7 residential beds from the East Building resident rooms 602, 603, 612, and 613 to single occupant East Building resident rooms 605, 606, 607, 608, 609, 610, 611 and the relocation of 6 Medicare/Medicaid beds from the East Building resident rooms 301, 302, 314, 315, 316 and the West Building resident room 907 to the East Building resident rooms 601, 602, 603, 604, 612, and 613 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 07/15/13 Facility Number: 000316 Provider Number: 155491 AIM Number: 100286370 Surveyor: Mark Bugni, Life Safety Code Specialist At this Life Safety Code and Environmental Preoccupancy survey, Lincoln Centers for Rehabilitation & Health Care was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies for the North Hall addition and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155491	A. BUILDING **01** B. WING _____	**07/15/2013**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN CENTERS FOR REHABILITATION AND HEALTHCARE	**1029 E 5TH ST** **CONNERSVILLE, IN 47331**

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K 000	Continued From page 1 detection in the corridors, spaces open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 152 and had a census of 109 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered except the detached twenty foot by thirty foot laundry building and ten foot by twelve foot storage building. Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 07/16/13.	K 000		